


FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

**MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only 	1. FILE NUMBER <u>069-609</u>	2. PERIOD COVERED MO DAY YEAR From <u>01 01 2001</u> Through <u>12 31 2001</u>	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:
	8. MAILING ADDRESS (Type or print in capital letters.) First Name <u>D O N N A</u> Last Name <u>A D A M S O N</u> P.O. Box • Building and Room Number (if any) <u>#35 E. 7th St Suite 308</u> Number and Street City State ZIP Code + 4		
4. AFFILIATION OR ORGANIZATION NAME <u>H E R E L o . 12 Union</u>			
5. DESIGNATION (Local, Lodge, etc.) <u>Local</u>		6. DESIGNATION NUMBER	
7. UNIT NAME (if any)			
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 75.) Yes <input checked="" type="checkbox"/> No			
75. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)			
Item Number <u>11</u>	<u>Hotel & Restaurant Employees Pension Fund D-2 #275398</u> <u>35 E. 7th . Executive Bldg. Suite 309</u> <u>Cincinnati, OH 45202</u> <u>H otel Emplcees & Restaurant Employees Union lo. 12 Retirement Plan</u> <u>35 E. 7thSt. Suite 309 Cincinnati, OH 45202</u>		
Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)			
76. SIGNED: <u>Donna Adamson</u> <u>1129102</u> <u>(513) 241-0341</u> Date Telephone Number		77. SIGNED: _____ PRESIDENT (If other title, see instructions.) _____ Date Telephone Number	
		TREASURER (If other title, see instructions.) _____	

During the Reporting Period Did Your Organization:

- | | Yes | No |
|--|-----|----|
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? | | X |
| 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? | X | |
| 12. Have a political action committee (PAC) fund? | | X |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? | | X |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? | X | |
| 15. Discover any loss or shortage of funds or other property?
(Answer "Yes" even if there has been repayment or recovery.) | | X |
| 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? | X | |
| 17. Liquidate or reduce any liabilities without disbursement of cash? | X | |

(If the answer to any of the above questions is "Yes," provide details in Item 75 on page 1 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 1368

19. What is the date of your organization's next regular election of officers? MO YEAR
04 2004

20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 500 000

21. What are your organization's rates of dues and fees?
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ <u>22</u> per <u>month</u> (Month, Year, etc.)
(b) Initiation Fees	\$ <u>41 + 45</u>
(c) Transfer Fees	\$ _____
(d) Work Permits	\$ <u>2.00</u> per <u>day</u> (Month, Year, etc.)

22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions?
(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.) Yes No
X

23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? X

24. Did your organization have any contingent liabilities at the end of the reporting period? X

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 069-609

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

ASSETS	ASSETS	From	Start of Reporting	End of Reporting
	Item	SCH #	Period (A)	Period (B)
	25. Cash.....		131 054	116 837
	26. Accounts Receivable.....			
	27. Loans Receivable.....	1		
	28. U.S. Treasury Securities			
	29. Investments	2		
	30. Fixed Assets	5	17 448	13 020
	31. Other Assets	3		
	32. TOTAL ASSETS		148 502	129 857

LIABILITIES	LIABILITIES	From	Start of Reporting	End of Reporting
	Item	SCH #	Period (C)	Period (D)
	33. Accounts Payable.....		0	0
	34. Loans Payable.....	8		
	35. Mortgages Payable			
	36. Other Liabilities	4		
	37. TOTAL LIABILITIES		0	0
	38. NET ASSETS (Item 32 less Item 37)		148 502	129 857

STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 069-609

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

CASH RECEIPTS	From SCH #	AMOUNT	CASH DISBURSEMENTS	From SCH #	AMOUNT
Item			Item		
39. Dues		351 827	56. To Officers	9	51 177
40. Per Capita Tax			57. To Employees	10	92 625
41. Fees		28 310	58. Per Capita Tax		229 815
42. Fines			59. Fees, Fines, Assessments, etc.		0
43. Assessments			60. Office & Administrative Expense	13	37 556
44. Work Permits		102 154	61. Educational & Publicity Expense ...		517
45. Sale of Supplies			62. Professional Fees		77 19
46. Interest		500 6	63. Benefits	11	19 936
47. Dividends			64. Contributions, Gifts & Grants	12	375
48. Rents			65. Supplies for Resale		
49. Sale of Investments & Fixed Assets	6		66. Direct Taxes		3216
50. Loans Obtained	8		67. Withholding Taxes		61 318
51. Repayments of Loans Made	1		68. Purchase of Investments & Fixed Assets	7	
52. On Behalf of Affiliates for Transmittal to Them			69. Loans Made	1	
53. From Members for Disbursement on Their Behalf			70. Repayment of Loans Obtained	8	
54. Other Receipts	14	19539	71. To Affiliates of Funds Collected on Their Behalf		
			72. On Behalf of Individual Members ...		978
			73. Other Disbursements	15	14 843
55. TOTAL RECEIPTS		506836	74. TOTAL DISBURSEMENTS		521075

If more space is needed to complete Schedules 1 through 8 or 11 through 15, continue on additional pages, using the same column headings used on the schedule, and enter the totals on the line provided for additional pages in each schedule. For Schedules 9 and 10, use the continuation pages provided.

FILE NUMBER: 069-609

Enter Amounts in Dollars Only — Do Not Enter Cents

SCHEDULE 1 — LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____	0				0
2. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
3. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
4. Totals from additional pages (if any)					
5. Totals of loans not listed above	0				0
6. Totals of Lines 1 through 5					
Enter the Totals from Line 6 in	Item 27 Column (A)	Item 69	Item 51	Item 75 with Explanation	Item 27 Column (B)

SCHEDULE 2 — INVESTMENTS **(OTHER THAN U.S. TREASURY SECURITIES)**

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	N/A 0
2. Total Book Value	
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	0
Other Investments	
4. Total Cost	
5. Total Book Value	
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) _____	N/A
(b) _____	
(c) _____	
(d) _____	
(e) Total from additional pages (if any)	0
7. Total of Lines 2 and 5	
Enter the Total from Line 7 in Item 29, Column (B)	

FILE NUMBER: _____

SCHEDULE 3 — OTHER ASSETS

Description (A)	Book Value (B)
1. N/A	0
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	0
7. Total of Lines 1 through 6	
Enter the Total from Line 7 in Item 31, Column (B)	

SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1. N/A	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	0
7. Total of Lines 1 through 6	
Enter the Total from Line 7 in Item 36, Column (D)	

SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 069-609

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location):	N/A			
2. Totals from additional pages (if any)	N/A			
3. Buildings (give location):	N/A			
4. Totals from additional pages (if any)	N/A			
5. Automobiles and Other Vehicles	N/A			
6. Office Furniture and Equipment	23,873	10,553	13,020	
7. Other Fixed Assets				
8. Totals of Lines 1 through 7	23,873	10,553	13,020	

Enter the Total from Line 8, Column (D) in Item 30, Column (B)

SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1.	N/A			
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5				
			7. Less Reinvestments	
			8. Net Sales	

Enter the Total from Line 8 in Item 49

FILE NUMBER: 069-609

SCHEDULE 8 — LOANS PAYABLE

Form LM-2 (Revised 2000)

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 069-609

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
Last Name: 1. A D A M S O N First Name: D O N N A Title: P R E S I D E N T - B U S . M G R Status: C		36833		1987		44820
Last Name: 2. J O H N S O N First Name: C H A R L E S Title: F I N . S E C Y . T R E A S U R E R Status: C		26857		4272		31129
Last Name: 3. B U F F I N First Name: J E A N Title: V I C E P R E S I D E N T Status: C				270		270
Last Name: 4. H I L L First Name: G E O R G E Title: E X E C U T I V E B O A R D Status: C				150		150
Last Name: 5. T A R R A N C E First Name: A R T H U R Title: E X E C U T I V E B O A R D Status: C				180		180
Last Name: 6. T A Y L O R First Name: J O H N N Y Title: E X E C U T I V E B O A R D Status: C				240		240
Last Name: 7. H I B B E T T First Name: B E R N I C E Title: E X E C U T I V E B O A R D Status: C				150		150
8. Totals from additional pages (if any)						510
9. Totals of Lines 1 through 8						77,449
				10. Less Deductions 26272		
Enter the Total from Line 11 in Item 56 ➡				11. Net Disbursements 51,177		

*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75 on page 1.)

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 069-609

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
1. Last Name H Y D E N First Name D E N N I S Position B U S I N E S S A G E N T Name of Affiliated Organization		29542		7487		37029
2. Last Name S A N D E R S First Name R O B I N Position B U S I N E S S A G E N T Name of Affiliated Organization		13390				13390
3. Last Name N I S S I M - S A B A T First Name R Y A N Position O R G A N I Z E R Name of Affiliated Organization		23808		3474		27282
4. Last Name H A R T First Name L I S A Position B U S I N E S S A G E N T Name of Affiliated Organization		19600		1760		21360
5. Last Name First Name Position Name of Affiliated Organization						
6. Totals from additional pages <small>(if any)</small>						
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates		22088		1332		23420
8. Totals of Lines 1 through 7		108428		14053		122481
				9. Less Deductions		28856
Enter the Total from Line 10 in				10. Net Disbursements		93625

SCHEDULE 11 — BENEFITS

FILE NUMBER: 069-609

Description (A)	To Whom Paid (B)	Amount (C)
1. HEALTH INSURANCE	CARRIER	14534
2. HOTEL & RESTAURANT EMPLOYEES PENSION FUND	TRUST FOR OFFICERS & STAFF	2504
3. LOCAL 12 RETIREMENT PLAN	TRUST FOR LOCAL 12 RETIREMENT	2898
4.		
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		19936
Enter the Total from Line 6		↑ Item 63

SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. CINCINNATI AFL-CIO	250
2. SPECIAL OLYMPICS	75
3. LABOR DAY PRIZES	50
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	375
Enter the Total from Line 8 in	
↑ Item 64	

SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. RENT & ELECTRIC	10385
2. TELEPHONE	7006
3. MEETINGS	3780
4. WORKERS COMP	126
5. PETTY CASH	92
6. POSTAGE	1873
7. Total from additional pages (if any)	14,294
8. Total of Lines 1 through 7	37,556
Enter the Total from Line 8 in	
↑ Item 60	

SCHEDULE 14 — OTHER RECEIPTS

Description (A)	Amount (B)
1. SUBSIDY FROM INTERNATIONAL	19,539
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	19539
Enter the Total from Line 17 in \uparrow Item 54	

SCHEDULE 15 — OTHER DISBURSEMENTS

Description (A)	Amount (B)
1. FICA & FIT OVERPAYMENT	84
2. KENTUCKY REVENUE CAB_LATE CHG	42
3. LOCAL 12 RETIREMENT	4985
4. HEALTH INS-CO-PAY(Paid)	1960
5. FOOD COUNCIL	200
6. DUES REFUNDS -	3511
7. ORGANIZATION	377
8. NEGOTIATION	17
9. CASUAL LABOR	467
10. INTERN PROGRAM	3200
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	14843
Enter the Total from Line 17 in \uparrow Item 73	

ORGANIZATION NAME:
Hotel Emp. & Restaurant Emp. Lo. 12 Union

ENDING DATE OF PERIOD COVERED:
12/31/01

FILE NUMBER: **069-609**

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name First Name HAYWOOD - WALLER LINDA	Status C			9 0		9 0
Title EXECUTIVE BOARD						
Last Name First Name GRIFFITH REGINA	Status C			1 8 0		1 8 0
Title RECORDING SECY						
Last Name First Name ROGERS MARY	Status C			1 2 0		1 2 0
Title TRUSTEE						
Last Name First Name ED KEROES PETER	Status N			1 2 0		1 2 0
Title						
Last Name First Name	Status					
Title						
Last Name First Name	Status					
Title						
Last Name First Name	Status					
Title						
Totals						

ORGANIZATION NAME: _____

ENDING DATE OF PERIOD COVERED: _____

FILE NUMBER: _____

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Totals						

ADDITIONAL INFORMATION

75.

14. An International Auditor performs an audit on each local generally every 2 years.

SCHEDULE 13. OFFICE & ADMINISTRATIVE EXPENSE

OFFICE SUPPLIES	\$ 6365
EQUIPMENT RENTAL	2884
INSURANCE	2381
PRINTING	2664
	<u>\$ 14294</u>

15. \$207 was taken by the office person. The person was terminated and a report will be filed with our Bonding Company.